



# LOS ANGELES COUNTY WIA YOUTH PROGRAM BULLETIN

**NUMBER: YTH00-02**

**SUBJECT: JTPA Contract Budget**

**DATE: 7-31-00**

**EFFECTIVE DATE: IMMEDIATELY**

**PAGE 1 OF 2**

**TO: JTPA/WIA Youth Providers**

This bulletin forwards additional budget pages that must be included in your JTPA/WIA contract to cover the use of JTPA funds for the period July 1, 2000 through September 30, 2000.

Although not included in the original package of contract documents provided to the contractors, the attached JTPA budget pages have been revised and/or newly developed to facilitate the use and tracking of JTPA funds. They are all a required part of the JTPA/WIA Youth contract.

The original JTPA contract budget pages showed the use of JTPA funds for the month of June, 2000 only. We have received many calls from contractors requesting further clarification on the use of the JTPA Youth funds beyond June 30, 2000 and how these funds relate to their WIA youth funds and budget pages.

Bulletin No. YTH00-01 (JTPA Close Out Package) explains the need for a close out plan and also states that any JTPA funds you do not expend by September 30, 2000 will be modified into your WIA contract at a later date. However, the modification will take place after September 30<sup>th</sup>, not before. Therefore, the WIA budget you provide to us should not include excess JTPA funds until after we actually issue a notice requesting a modification (sometime after September 30, 2000).

For example, if you received \$225,000 for WIA and \$30,000 for JTPA, the budgets you submit to us should indicate:

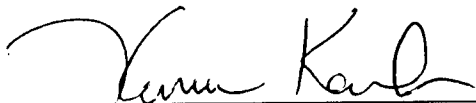
1. On the original WIA budget forms you already have copies of, you would show a grand total of \$225,000. **You would not include any JTPA funds into your WIA budget at this time.**
2. On the JTPA budget forms covering 6/1/00 to 6/30/00, you would show a grand total that includes only the total amount of funds you require to sustain your JTPA program for the month of June, dependant upon the number of JTPA clients you enrolled during June. For example, assume you only need \$4,000 for the month of June, that is the grand total that would be shown on the 6/1/00 to 6/30/00 JTPA budget pages.

3. On the JTPA budget forms covering 7/1/00 to 9/30/00, you would indicate the cumulative total of JTPA funds needed to sustain your program from July 1, 2000 through September 30, 2000. **You would not include the amount of funds you expend in the month of June. These new budget pages reflect expenditures from July through September only.** For example, assume you will need \$18,000 to cover July through September. The \$18,000 is the grand total that would be shown on the 7/1/00 to 9/30/00 JTPA budget pages.
4. The total amount that you determine you will need to fund your JTPA program should be the total of your June JTPA budget and your cumulative July through September budget. In our example, this means \$22,000 (\$4,000 from the June budget and \$18,000 from the cumulative July through September budget).

As a reminder, JTPA participants cannot be enrolled after June 30, 2000.

If you have any questions, please contact the Team Leader assigned to assist your agency complete the contract process. Team Leaders are:

Walter Bogaardt	(213) 738-4003
Rosa Garcia	(213) 738-2364
Patrick Malekian	(213) 738-2683
Ms.D. B. Quan	(213) 738-2820/738-2624



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KENNETH KESSLER, Director  
Workforce Investment Programs

Attachment

COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES

**JTPA PROGRAM**

**BUDGET SUMMARY**

Covering 6/1/00 – 6/30/00

CONTRACTOR: \_\_\_\_\_

**A. COST ACTIVITY  
SUMMARY**

**TOTAL COST: \$** \_\_\_\_\_

PROGRAM ACTIVITY	AMOUNT BUDGETED	% ALLOCATED
Administration		
Program Cost		
<b>TOTAL COSTS</b>		

**B. QUARTERLY EXPENDITURES OF PROGRAM COSTS BY ACTIVITY –CUMULATIVE**

	JUNE 2000
Administration	
Program Cost	
<b>TOTAL COSTS</b>	

**C. REQUESTED AMOUNTS BY SUPERVISORIAL DISTRICT**

	I	II	III	IV	V	TOTAL
<b>TOTAL</b>						



COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES  
**JTPA PROGRAM PERSONNEL SCHEDULE**  
**COVERING 6/1/00 – 6/30/00**

CONTRACTOR \_\_\_\_\_

POSITION TITLE (1 STAFF PER LINE)	#	YEARLY SALARY RATE (A)	% TIME SPENT (B)	TOTAL JTPA COST (= A X B)	ADMINISTRATION COST	PROGRAM COST
SALARY SUB - TOTALS						

**EMPLOYER EXPENSES, CONTRIBUTIONS, AND BENEFITS**

FICA			
STATE UNEMPLOYMENT INSURANCE			
WORKERS COMPENSATION			
OTHER (PLEASE LIST) HEALTH, PENSION, SDI, LIFE, DISABILITY, DENTAL			
EMPLOYER BENEFITS SUBTOTAL			
TOTAL PERSONNEL COST (SALARIES AND BENEFITS)			

COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES

**JTPA YOUTH PROGRAM**  
**COVERING 6/1/00 – 6/30/00**

CONTRACTOR'S NAME: \_\_\_\_\_

**PARTICIPANT COST CATEGORY**

<b>PARTICIPANT COST</b>	<b>TOTAL JTPA COST</b>
PARTICIPANT WAGES	
PARTICIPANT FRINGE BENEFITS	
<b>GRAND TOTAL</b>	

**EMPLOYER EXPENSES, CONTRIBUTIONS, AND BENEFITS**

FICA	
H.I.T.	
WORKER'S COMPENSATION	
<b>GRAND TOTAL</b>	

COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES

**JTPA PROGRAM**

**BUDGET SUMMARY**

Covering 7/1/00 – 9/30/00

CONTRACTOR: \_\_\_\_\_

**A. COST ACTIVITY  
SUMMARY**

**TOTAL COST: \$** \_\_\_\_\_

PROGRAM ACTIVITY	AMOUNT BUDGETED	% ALLOCATED
Administration		
Program Cost		
<b>TOTAL COSTS</b>		

**C. QUARTERLY EXPENDITURES OF PROGRAM COSTS BY ACTIVITY –CUMULATIVE**

	SEPTEMBER 00'	DECEMBER 00'	MARCH 01'	JUNE 01'
Administration				
Program Cost				
<b>TOTAL COSTS</b>				

**C. REQUESTED AMOUNTS BY SUPERVISORIAL DISTRICT**

	I	II	III	IV	V	TOTAL
<b>TOTAL</b>						

COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES  
**JTPA LINE ITEM BUDGET**  
COVERING 7/1/2000 – 9/30/2000

CONTRACTOR NAME: \_\_\_\_\_

LINE ITEMS EXPENDITURES	TOTAL JTPA COST (1) = (2) + (3)	ADMINISTRATION COST (2)	PROGRAM COST (3)
<b>PERSONNEL COSTS</b>			
STAFF SALARIES & WAGES			
STAFF FRINGE BENEFITS			
<b>SUB-TOTAL PERSONNEL COSTS</b>			
<b>NON-PERSONNEL COSTS</b>			
FACILITY (RENT)			
UTILITIES(TELEPHONE, GAS, ELECTRICITY, WATER)			
JANITORIAL SERVICES			
MAINTENANCE REPAIRS			
MONITORING			
COMPUTER HARDWARE/SOFTWARE PURCHASES			
FURNITURE &EQUIPMENT (PURCHASE/RENT/LEASE)			
TRAINING MATERIALS			
CONSUMABLE SUPPLIES			
ADVERTISEMENT/PRINT/REPRODUCTION COSTS			
PROFESSIONAL SERVICES/CONSULTANT			
TRAVEL			
MEETING/CONFERENCES			
INSURANCE (LIABILITY, BUILDING, CAR)			
PROFIT (FOR PROFIT ORGANIZATIONS ONLY)			
TRAINING STIPENDS			
WORKSHOPS; TA			
OTHER (SPECIFY) GENERAL COSTS			
OTHER (SPECIFY) PRINTING			
<b>SUB-TOTAL NON-PERSONNEL COSTS</b>			



COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES

**JTPA LINE ITEM BUDGET**  
**COVERING 7/1/00 – 9/30/00**

**CONTRACTOR NAME:** \_\_\_\_\_

LINE ITEMS EXPENDITURES	TOTAL JTPA COST (1) = (2) + (3)	ADMINISTRATION COST (2)	PROGRAM COST (3)
<b>PARTICIPANT COSTS</b>			
PARTICIPANTS WAGES			
PARTICIPANTS FRINGE BENEFITS			
OJT REIMBURSEMENTS			
TUITION PAYMENTS/VOUCHERS			
WORK EXPERIENCE			
VOCATIONAL EXPLORATION			
LIMITED INTERNSHIPS			
STIPENDS			
INCENTIVE/BONUS PAYMENTS			
CHILD CARE			
TRANSPORTATION			
HOUSING COSTS			
UNIFORMS/WORK RELATED TOOL COSTS			
SUPPORTIVE SERVICES (SPECIFY)			
OTHER PARTICIPANT COSTS (SPECIFY)			
<b>Sub-Total Participant Costs</b>			
<b>SUBCONTRACTOR(S) COSTS</b>			
<b>Sub-Total Subcontractor(s) Costs</b>			
<b>INDIRECT COST RATE</b>			
% of			
<b>Sub-Total Indirect Cost</b>			
<b>GRAND TOTAL</b>			



COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES  
**JTPA PROGRAM PERSONNEL SCHEDULE**  
**COVERING 7/1/00 – 9/30/00**

CONTRACTOR \_\_\_\_\_

POSITION TITLE (1 STAFF PER LINE)	#	YEARLY SALARY RATE (A)	% TIME SPENT (B)	TOTAL JTPA COST (= A X B)	ADMINISTRATION COST	PROGRAM COST
SALARY SUB - TOTALS						

**EMPLOYER EXPENSES, CONTRIBUTIONS, AND BENEFITS**

FICA			
STATE UNEMPLOYMENT INSURANCE			
WORKERS COMPENSATION			
OTHER (PLEASE LIST) HEALTH, PENSION, SDI, LIFE, DISABILITY, DENTAL			
EMPLOYER BENEFITS SUBTOTAL			
TOTAL PERSONNEL COST (SALARIES AND BENEFITS)			

COUNTY OF LOS ANGELES  
COMMUNITY AND SENIOR SERVICES

**JTPA YOUTH PROGRAM**  
**COVERING 7/1/00 – 9/30/00**

CONTRACTOR'S NAME: \_\_\_\_\_

**PARTICIPANT COST CATEGORY**

<b>PARTICIPANT COST</b>	<b>TOTAL JTPA COST</b>
PARTICIPANT WAGES	
PARTICIPANT FRINGE BENEFITS	
<b>GRAND TOTAL</b>	

**EMPLOYER EXPENSES, CONTRIBUTIONS, AND BENEFITS**

FICA	
H.I.T.	
WORKER'S COMPENSATION	
<b>GRAND TOTAL</b>	

## JOB DESCRIPTION

**CONTRACTOR:** \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

**Provide a brief summary of job responsibilities/technical skills for each position charged to this program: (Attach as many additional sheets as needed.)**

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